



Dance Dress Request Form

Contact Information

Name: _____
Street address: _____
City, State, and Zip Code: _____
Phone: _____ Alternate phone: _____ Fax: _____
Email: _____
How would you like to be contacted? _____

Dance Studio Affiliation: _____

Dress Information

Please check one: Try - on: _____ Reservation: _____

Dress Category: Women's: _____ Children's/Youth: _____

Dance Style or Skating:

Standard: _____ Smooth: _____ Latin: _____ Rhythm: _____ Skating: _____

Next, please list the **Model Number** of the dress or dresses that you want to try on or reserve.
The dress **Model Numbers** are listed on the website page with each dress.

Dress 1 _____

Dress 2 _____

Dress 3 _____

Measurements:

Bust: _____ in.

Waist: _____ in.

Hips: _____ in.

Height: _____ ft. _____ in.

Waist to knee measurement: _____ in.

Waist to floor measurement: _____ in. (without shoes)

Competition/other information

What is the date of your competition? _____

Important! This is your dress request date.

When do you need the dress delivered? _____

How did you hear about us? _____

Please review the dress Try - On and Dress Reservation agreement, fill out, then return this form to us by email or fax.